

CASUALTY TYPE <input type="checkbox"/> HOSTILE <input type="checkbox"/> PENDING <input type="checkbox"/> NON-HOSTILE		CASUALTY FEEDER CARD For use of this form, see AR 600-8-1; the proponent agency is DCS, G-1.		<i> Indicates required fields.</i>			
*CASUALTY STATUS <input type="checkbox"/> NSI <input type="checkbox"/> DECEASED <input type="checkbox"/> SI <input type="checkbox"/> DUSTWUN <input type="checkbox"/> VSI <input type="checkbox"/> PENDING DUSTWUN/MISSING LAST SEEN (DATE/TIME/PLACE)		*SSN	*RANK	*PERSONNEL TYPE <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER			
		*NAME	*INCIDENT DATE/TIME				
		*SERVICE	UIC	*PLACE OF INCIDENT			
		*UNIT	GRID				
		*INFLECTING FORCE (hostile) <input type="checkbox"/> ENEMY <input type="checkbox"/> ALLY <input type="checkbox"/> US (buddy) <input type="checkbox"/> UNK	DEATH DATE/TIME				
IDENTIFYING MARKS (tatoos, scars)		REMAINS: VISUAL ID ID BY: _____ MEANS USED: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	PLACE OF DEATH			
				PRONOUNCED BY			
*CIRCUMSTANCES 							

DA FORM 1156, DRAFT

REPLACES DA FORM 1156, MAR 2006. WHICH IS OBSOLETE.

BACK OF CARD		INTERCEPTOR BODY ARMOR (IBA) <input type="checkbox"/> PASGT <input type="checkbox"/> OTV <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER	HOSPITAL <input type="checkbox"/> _____ <input type="checkbox"/> DIED IN <input type="checkbox"/> DIED OUTSIDE
VEHICLE GROUP/TYPE <input type="checkbox"/> HMMWV <input type="checkbox"/> STRYKER <input type="checkbox"/> APC <input type="checkbox"/> TRACK <input type="checkbox"/> ENG <input type="checkbox"/> LAV <input type="checkbox"/> MTV <input type="checkbox"/> PLS <input type="checkbox"/> ARTILLERY _____ <input type="checkbox"/> HELICOPTER _____ <input type="checkbox"/> OTHER _____		ATTACHMENTS <input type="checkbox"/> THROAT <input type="checkbox"/> GROIN <input type="checkbox"/> YOKE/COLLAR <input type="checkbox"/> DAP <input type="checkbox"/> SAPI	INVESTIGATION INITIATED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING
UP-ARMORED <input type="checkbox"/> YES <input type="checkbox"/> NO		HELMET <input type="checkbox"/> ACH <input type="checkbox"/> MICH <input type="checkbox"/> OTHER <input type="checkbox"/> PASGT <input type="checkbox"/> CVC <input type="checkbox"/> NONE <input type="checkbox"/> SHELL <input type="checkbox"/> NO SHELL <input type="checkbox"/> VISOR	TRAINING DUTY RELATED <input type="checkbox"/> YES <input type="checkbox"/> NO
LEVEL		EYE PROTECTION <input type="checkbox"/> SWD <input type="checkbox"/> BLPS <input type="checkbox"/> SPECS <input type="checkbox"/> OAKLEY <input type="checkbox"/> WILEY <input type="checkbox"/> ESS <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NONE	DUTY STATUS _____
POSITION (aboard)		WEAPONS <input type="checkbox"/> IED <input type="checkbox"/> VBIED <input type="checkbox"/> SVBIED <input type="checkbox"/> RPG <input type="checkbox"/> MORTAR <input type="checkbox"/> SAF <input type="checkbox"/> GRENADE <input type="checkbox"/> OTHER	
SIGNATURE OF PREPARER			DATE (YYYYMMDD)
APPROVED BY COMMANDER (Field Grade Officer-Required all Deaths/DUSTWUN/Missing)			DATE (YYYYMMDD)

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